

# Informal Public Meeting on Peer Support Services as a Medicaid Benefit

June 11, 2018

Ben Bass, Director of Recovery Alliance in El Paso.

- MH and SUD are not the same.
- Wants some text changes in the rules related to “disruption.”
- RCOs must provide services under these rules.

Joe Sanchez

- RCOs should be an approved provider. Include it in the amendment to CMS.

Anna Gray

- Clarify that a peer specialist cannot serve in a dual role. Would like that back in the rule. Do not want peer support diluted.
- In the medical policy: We don’t help or guide, we support. Replace “assist” with support.

Gwen Admire

- Concerned about criminal history requirements.
- Has concerns about the limits on the number of units. Does not want to have to seek additional approval for an extension on the services.
- Add ages 18-20 as covered for the peer benefit.

Robin Peyson

- Concerned that RCOs are not included. Believes RCOs are being discriminated against and marginalized.

Colleen Horton, Hogg Foundation

- Expand coverage to 18 and up.
- Medical policy: Remove prior authorization for continued services. Believes that would be a mistake.
- Expressed concerns about peer rates.

Dillon West

- Include RCOs.

- Can RCOs train?

#### Brian Johnson

- Just received his certification in April as a MH peer, but is unclear if his certification would be “taken away.” He’s grateful for a job and the role of peer specialist.
- Under the grandfather clause, he wouldn’t have the required supervision hours.
- Baffled that a peer can be 18 and older, but those receiving the services must be 21 and older.

#### June 12, 2018

#### Anna Gray

- Supervision and options. Do not believe qualified professionals should be able to be supervise.
- Believes the intent is to have a peer supervise. Remove QMHP.
- Need to require the licensed staff to take supervisor training.

#### Steven McClung

- Limitation on age 21 for services – concerns.
- Can have early set of onset. Higher rates of suicide and loneliness.
- Peer services important to youth, too. Want expansion to youth. How can services be expanded to those under age 21. MA, MS, OK, OR can be done.

#### Gordon Meltzer

- Supplied comments on definitions in writing.
- In certification – specifically delineate disqualifying criminal histories.
- Certification: implied by not specifically stated unification of certification. What’s the intent? Do you envision a unified certification? What is your vision for certification?
- I am a peer in a clinical environment. My supervisor is a clinician. I have found them (clinician supervisors) to be extremely valuable to me.

#### Shelly Meyers

- Family partner. Concern about starting transition-aged youth at 21.
- Taught my son to take risks. Gave him a chance to understand him better. Trying to fill gap in transition age youth in Houston. Soft hand-off from family partners. (e.g., driving)
- Youth can meet someone who has successfully navigated. My son wants to be a peer in schools.

#### Shannon Carr

- Austin Area MH Consumers. Austin non-profit of peers.
- I think we are missing peer-run organizations.

- 1200 receiving services in our organizations. Many are receiving Medicaid. Would help with our costs; funding is limited. 500 support groups. 2800 attended.
- Peer-run organizations are evidence-based.
- The stakeholder workgroup should stay intact, even after rule implementation.
- Involve telehealth for our rural community, and those at home.

#### Veronica Williams

- Overjoyed about peer services. Would like to train for peer services.

#### Chandra Monnett

- Lived experience for supervisors is paramount.
- QPS – satisfactory to me.
- Initial certification – support these provisions.
- Please include RCOs. Serve so many in long term services.

#### Margaret Robinson

- Medical policy. Only available to those 21 and older. 18 year old son 2 years into recovery. Want those in transition to be covered. 18-20 should be covered. Many would be left out without this coverage. Families are often under considerable financial burden.
- Omission of RCOs. A primary source of peer services. They serve an incredible amount of people.
- Supervised by clinicians that may not have lived experience or qualify to do the services.

#### Ben Bass

- Has RCOs in El Paso, Dallas and Austin.
- Peer-run organizations are responsible for nearly all recovery services in Texas.
- Being the experts in the field; he wants RCOs to be Medicaid enrolled providers under the rule.
- 354.3003 – Language should be changed around on definition of “lived experience.” “when a person’s own mental health and/or substance use causes a significant life disruption....”
- QPS can report directly to an administrator?
- To be a provider, must be Medicaid enrolled. Takes a taxonomy code. Not an easy process to enroll in Medicaid for clinical services.

#### Reginald Smith

- Peer policy fellow at communities in recovery.
- Peers are the experts. Short-sited not to allow RCOs. We are on the ground, and build the culture. People seek wellness, learn about recovery, want to become recovery coaches, and then we employ them. But at the end of the day, RCOs can’t be a provider.
- If we leave the RCOs undone, it will really impact our workforce in the future.

### Robin Peyson

- QPS addition, really appreciate. It is critical to peer development. Must be trained on how to build recovery experience.
- PA requirements: structure of units 104 in rolling 6 month period. Does not support the type of services provided. Services are not typically chopped up in 15 units.

### Wayne Johnson

- Peer coach for over three years.
- Mistake not to include RCOs. The rules allow us to train, but not bill. Disservice to Medicaid.
- Agree with QPS. Don't require supervision by upper management with no lived experience.

### Arza Demi

- Cover RCOs. Was coached, and given opportunity to be trained.
- Hard to be connected to the community.
- Want kids to be covered.
- Supervisors must have lived experience. My supervisor was able to help me.

### Tyler Rose ( Communities in Recovery)

- These rules are discriminatory and unfair. I don't understand being a peer at 18, but have to be 21 to get them.
- Would be better than jails.

### Tracy McMurtry

- Doesn't want a QCC or LPHA to supervise a QPS.
- Doesn't like the age restriction.

### Phillip Owen

- RCOs should be allowed. Under the rules, they can be a trainer, but cannot bill for services.
- More willing to spend on prisons vs. peers.

### Leila Rice

- Texas Council.
- Peer support is a vital key to continuum of care. Medicaid is key to sustainability.
- Age issue. Make available to 18-20.
- Allow post approved vs. pre-approval. Apply to CEUs.
- Change word "assist" to "support"
- Dual role; clarify dual roles.

### Aaron Bater

- Program director at APAA in Dallas.
- RCOs need to be included. APAA one of the original 20 in our country. One of the few to actually bill Medicaid for peer services with NorthSTAR.

- RCOs are the experts. APAA has trained peers, they work at our organization.
- Clinicians don't necessarily know what we do. Don't require them.
- 250 hours be increased to 500 hours.

Javier Beto

- RCOs in Texas should be billable.